

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

IN RE:

BARRY CLIFFORD ALDERMAN,	:	CHAPTER 13
KIM RAMPLEY ALDERMAN	:	
Debtors.	:	CASE NO.: 17-66980-BEM
	:	
	:	

**COVER SHEET FOR AMENDMENT TO SCHEDULES D, I, J, & Forms 122-C1
and 122C-2**

Schedule D has been amended to disclose the home owner's association, though no debt is owed.

Silver Creek Property Owners Association
6185 Crooked Creek Rd
Ste. C
Norcross, GA 30092

Schedule I has been amended to reflect current income.

Schedule J has been amended to reflect current expenses.

Forms 122C-1 and C-2 have been amended to address the Chapter 13 Trustee objection # 7 (Doc #16).

Also included with this amendment are the Amended Summary of Schedules, Amended Statistical Summary and Declaration of Schedules.

DATE: February 16, 2018

_____/s/
Howard Slomka
Georgia Bar # 652875
Slipakoff & Slomka, P.C.
Attorney for Debtor
Overlook III
2859 Paces Ferry Rd. SE
Atlanta, GA 30339
Tel: (404)800-4001

Fill in this information to identify your case:

Debtor 1 Barry Clifford Alderman
First Name Middle Name Last Name

Debtor 2 Kim Rampley Alderman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number 17-66980
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1 Fay Servicing Llc

Creditor's Name
939 W North Ave Ste 680
Number Street

Chicago IL 60642
City State ZIP Code

Describe the property that secures the claim:

\$238,047.70

\$250,314.00

\$0.00

903 Whistler Lane - \$250,314.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Last 4 digits of account number

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

2.2 Santander Consumer Usa

Creditor's Name
14101 Myford Rd Fl 2
Number Street

Tustin CA 92780
City State ZIP Code

Describe the property that secures the claim:

\$12,980.00

\$10,225.00

\$2,755.00

2012 Nissan Rogue - \$10,225.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Automobile

Last 4 digits of account number 1000

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 2014

Add the dollar value of your entries in Column A on this page. Write that number here:

\$251,027.70

Debtor 1

Barry Clifford Alderman

First Name Middle Name Last Name

Case number (if known) 17-66980

Additional Page

Part 1:

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim
Do not deduct the
value of collateral.

Column B

Value of collateral
that supports this
claim

Column C

Unsecured
portion
If any

2.3 Silver Creek Property Owners Association Describe the property that secures the claim: \$ 0.00 \$ 250,314.00 \$ 0.00

Creditor's Name

6185 Crooked Creek Rd

Number Street

Ste. C

Norcross

GA 30092

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

903 Whistler Lane - \$250,314.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☒ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Last 4 digits of account number

Describe the property that secures the claim: \$ \$ \$

Creditor's Name

Number Street

City

State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Last 4 digits of account number

Describe the property that secures the claim: \$ \$ \$

Creditor's Name

Number Street

City

State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 0.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$ 251,027.70

Debtor 1

Barry Clifford Alderman

First Name Middle Name Last Name

Case number (if known) 17-66980

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Quintairos, Prieto, Wood & Boyer, PA

Name

255 S Orange Avenue

Street

Suite 900

Orlando

FL

32801

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

Fill in this information to identify your case:

Debtor 1 Barry Clifford Alderman
First Name Middle Name Last Name
 Debtor 2 Kim Rampley Alderman
(Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: Northern District of Georgia
 Case number 17-66980
(if known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

Occupation

Auto Technician

Employer's name

Town Center Nissan

Employer's address

2310 Barrett Lakes Blvd

Number Street

Canton, GA 30114

City State ZIP Code

How long employed there? 14 years

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Porter

Town Center Nissan

2310 Barrett Lakes Blvd

Number Street

Kennesaw, GA 30144

City State ZIP Code

2 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>9,652.50</u>	\$ <u>208.56</u>
3. Estimate and list monthly overtime pay.	+ \$ <u>0.00</u>	+ \$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>9,652.50</u>	\$ <u>208.56</u>

Debtor 1 Barry Clifford Alderman

Document Page 6 of 26

Case number (if known) 17-66980

First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$ 9,652.50	\$ 208.56
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,263.69	\$ 16.21
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 841.53	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 778.48	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>AD&D</u>	5h. + \$ 20.76	+ \$ 0.00
Coffee	\$ 8.67	\$ 0.00
Uniform	\$ 23.70	\$ 0.00
STD	\$ 108.51	\$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 4,045.34	\$ 16.21
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 5,607.16	\$ 192.35

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9.	\$ 0.00	\$ 0.00
----	---------	---------

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ 5,607.16	+	\$ 192.35	=	\$ 5,799.51
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11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____ 11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12. \$ 5,799.51

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?☒ No.☐ Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1 Barry Clifford Alderman
First Name Middle Name Last Name
Debtor 2 Kim Rampley Alderman
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: Northern District of Georgia (State)
Case number 17-66980
(if known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
☒ Yes. Does Debtor 2 live in a separate household?
☒ No
☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Mother

Dependent's age

85

Does dependent live with you?

- ☐ No
☒ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

Your expenses

4. \$ 2,489.00
4a. \$ 0.00
4b. \$ 0.00
4c. \$ 100.00
4d. \$ 20.00

Debtor 1 Barry Clifford Alderman
 First Name Middle Name Last Name

Case number (if known) 17-66980

Your expenses

5. **Additional mortgage payments for your residence**, such as home equity loans 5. \$ 0.00
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$ 275.00
- 6b. Water, sewer, garbage collection 6b. \$ 45.00
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 320.00
- 6d. Other. Specify: _____ 6d. \$ 0.00
7. **Food and housekeeping supplies** 7. \$ 700.00
8. **Childcare and children's education costs** 8. \$ 0.00
9. **Clothing, laundry, and dry cleaning** 9. \$ 155.00
10. **Personal care products and services** 10. \$ 100.00
11. **Medical and dental expenses** 11. \$ 80.00
12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments. 12. \$ 450.00
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ 0.00
14. **Charitable contributions and religious donations** 14. \$ 100.00
15. **Insurance.**
Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \$ 0.00
- 15b. Health insurance 15b. \$ 0.00
- 15c. Vehicle insurance 15c. \$ 175.00
- 15d. Other insurance. Specify: _____ 15d. \$ 0.00
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ 16. \$ 0.00
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \$ 0.00
- 17b. Car payments for Vehicle 2 17b. \$ 0.00
- 17c. Other. Specify: _____ 17c. \$ 0.00
- 17d. Other. Specify: _____ 17d. \$ 0.00
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$ 0.00
19. **Other payments you make to support others who do not live with you.**
Specify: _____ 19. \$ 0.00
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- 20a. Mortgages on other property 20a. \$ 0.00
- 20b. Real estate taxes 20b. \$ 0.00
- 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00
- 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00
- 20e. Homeowner's association or condominium dues 20e. \$ 0.00

Debtor 1 Barry Clifford Alderman Case number (if known) 17-66980
First Name Middle Name Last Name

21. **Other.** Specify: Pet food and care

21. +\$ 50.00

Lawn care

+ \$ 65.00

+ \$ _____

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 5,124.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ _____

22c. \$ 5,124.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 5,799.51

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 5,124.00

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ 675.51

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1 Barry Clifford Alderman
First Name Middle Name Last Name

Debtor 2 Kim Rampley Alderman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number 17-66980
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>		\$ <u>250,314.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>		\$ <u>75,995.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>		\$ <u>326,309.00</u>

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>		\$ <u>251,027.70</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>		+ \$ <u>1,138.00</u>
Your total liabilities		\$ <u>252,165.70</u>

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>		\$ <u>5,799.51</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>		\$ <u>5,124.00</u>

Debtor 1 Barry Clifford Alderman Case number (if known) 17-66980

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 8,518.54

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case:

Debtor 1 Barry Clifford Alderman
First Name Middle Name Last Name

Debtor 2 Kim Rampley Alderman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Georgia

Case number 17-66980
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Barry Clifford Alderman

Signature of Debtor 1

Date 02/16/2018
MM / DD / YYYY

X /s/ Kim Rampley Alderman

Signature of Debtor 2

Date 02/16/2018
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Barry Clifford Alderman
First Name Middle Name Last Name

Debtor 2 Kim Rampley Alderman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number 17-66980
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.

☐ **Not married.** Fill out Column A, lines 2-11.

☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A
Debtor 1

Column B
**Debtor 2 or
non-filing spouse**

2. **Your gross wages, salary, tips, bonuses, overtime, and commissions** (before all payroll deductions). \$8,309.98 \$208.56
3. **Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in. \$0.00 \$0.00
4. **All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.** Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. \$0.00 \$0.00
5. **Net income from operating a business, profession, or farm**
- | | Debtor 1 | Debtor 2 | | |
|---|---------------------------|---------------------------|----------------|---|
| Gross receipts (before all deductions) | \$0.00 <u> </u> | \$0.00 <u> </u> | | |
| Ordinary and necessary operating expenses | -\$0.00 <u> </u> | -\$0.00 <u> </u> | | |
| Net monthly income from a business, profession, or farm | \$0.00 <u> </u> | \$0.00 <u> </u> | Copy
here → | \$0.00 <u> </u> \$0.00 <u> </u> |
6. **Net income from rental and other real property**
- | | Debtor 1 | Debtor 2 | | |
|---|---------------------------|---------------------------|----------------|---|
| Gross receipts (before all deductions) | \$0.00 <u> </u> | \$0.00 <u> </u> | | |
| Ordinary and necessary operating expenses | -\$0.00 <u> </u> | -\$0.00 <u> </u> | | |
| Net monthly income from rental or other real property | \$0.00 <u> </u> | \$0.00 <u> </u> | Copy
here → | \$0.00 <u> </u> \$0.00 <u> </u> |

Debtor 1 Barry Clifford Alderman
First Name Middle Name Last Name

Case number (if known) 17-66980

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow		
For you	\$	
For your spouse	\$	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.		
10a.	\$ 0.00	\$ 0.00
10b.	\$ 0.00	\$ 0.00
10c. Total amounts from separate pages, if any.	+ \$ 0.00	+ \$ 0.00
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 8,309.98	+ \$ 208.56 = \$ 8,518.54
		Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$ 8,518.54

13. Calculate the marital adjustment. Check one:

☐ You are not married. Fill in 0 in line 13d.

☒ You are married and your spouse is filing with you. Fill in 0 in line 13d.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a.	\$
13b.	\$
13c.	+ \$
13d. Total.....	\$ 0.00

Copy here. \rightarrow 13d. 0.00

14. Your current monthly income. Subtract line 13d from line 12. 14. \$ 8,518.54

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here \rightarrow 15a. \$ 8,518.54

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. 15b. \$ 102,222.48

Debtor 1 Barry Clifford Alderman
First Name Middle Name Last NameCase number (if known) 17-66980**16. Calculate the median family income that applies to you.** Follow these steps:16a. Fill in the state in which you live. GA16b. Fill in the number of people in your household. 316c. Fill in the median family income for your state and size of household. 16c. \$ 65,900.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)**18. Copy your total average monthly income from line 11. 18. \$ 8,518.5419. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. \$ 0.00**Subtract line 19a from line 18.**19b. \$ 8,518.54**20. Calculate your current monthly income for the year.** Follow these steps:20a. Copy line 19b. 20a. \$ 8,518.54

Multiply by 12 (the number of months in a year).

x 1220b. The result is your current monthly income for the year for this part of the form. 20b. \$ 102,222.4820c. Copy the median family income for your state and size of household from line 16c. \$ 65,900.00**21. How do the lines compare?**☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Barry Clifford Alderman

Signature of Debtor 1

Date 02/16/2018

MM / DD / YYYY

X /s/ Kim Rampley Alderman

Signature of Debtor 2

Date 02/16/2018

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Barry Clifford Alderman
First Name Middle Name Last Name

Debtor 2 Kim Rampley Alderman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number 17-66980
(If known)

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

4/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,378.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

Barry Clifford Alderman

First Name Middle Name Last Name

Case number (if known) 17-66980

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 49.00

7b. Number of people who are under 65 X 2

7c. Subtotal. Multiply line 7a by line 7b. \$ 98.00 Copy line 7c here → \$ 98.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 117.00

7e. Number of people who are 65 or older X 1

7f. Subtotal. Multiply line 7d by line 7e. \$ 117.00 Copy line 7f here → + \$ 117.00

7g. Total. Add lines 7c and 7f. \$ 215.00 Copy total here → 7g. \$ 215.00

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ **Housing and utilities – Insurance and operating expenses**

■ **Housing and utilities – Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 576.00

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,292.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
Fay Servicing Llc	\$ <u>2,568.00</u>
er Creek Property Owners Association	\$ <u>0.00</u>
	+ \$ <u>0.00</u>
9b. Total average monthly payment	\$ <u>2,568.00</u>

Copy line 9b here → \$ 2,568.00 Repeat this amount on line 33a.

9c. **Net mortgage or rent expense.**

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0. \$ 0.00 Copy 9c here → \$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why:

Debtor 1

Barry Clifford Alderman

First Name Middle Name Last Name

Case number (if known) 17-66980

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☐ 1. Go to line 12.
☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 458.00

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: 2012 Nissan Rogue

13a. Ownership or leasing costs using IRS Local Standard

13a. \$ 485.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly payment

Santander Consumer Usa

\$ 442.00

+ \$ 0.00

Total average monthly payment

\$ 442.00

Copy here →

— \$ 442.00

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.

\$ 43.00

Copy net Vehicle 1 expense here →

\$ 43.00

Vehicle 2 Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard.....

\$ 485.00

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly payment

\$ 0.00

+ \$ 0.00

Total average monthly payment

\$ 0.00

Copy here →

— \$ 0.00

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0.

\$ 0.00

Copy net Vehicle 2 expense here →

\$ 0.00

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ 0.00

Debtor 1

Barry Clifford Alderman

First Name Middle Name Last Name

Case number (if known) 17-66980

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ 2,279.90
Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ 0.00
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$ 0.00
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 0.00
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or \$ 0.00
☐ for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ 0.00
Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ 0.00
Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 0.00
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** \$4,949.90
Add lines 6 through 23.

Additional Expense Deductions

These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | | | |
|------------------------|------------------|--|--|
| Health insurance | \$ 778.48 | | |
| Disability insurance | \$ 0.00 | | |
| Health savings account | + \$ 0.00 | | |
| Total | \$ 778.48 | | |
- Copy total here → \$ 778.48
- Do you actually spend this total amount?
- ☐ No. How much do you actually spend? \$ _____
- ☒ Yes
26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00
By law, the court must keep the nature of these expenses confidential.

Debtor 1

Barry Clifford Alderman

First Name Middle Name Last Name

Case number (if known) 17-66980

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\$0.00

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary.

\$0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

+ 100.00

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$878.48

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Average monthly payment
Mortgages on your home		
33a. Copy line 9b here.....	→	\$ 2,568.00
Loans on your first two vehicles		
33b. Copy line 13b here.	→	\$ 442.00
33c. Copy line 13e here.	→	\$ 0.00
Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
33d.		<input type="checkbox"/> No \$ 0.00
		<input type="checkbox"/> Yes
33e.		<input type="checkbox"/> No \$ 0.00
		<input type="checkbox"/> Yes
33f.		<input type="checkbox"/> No + \$ 0.00
		<input type="checkbox"/> Yes
33g. Total average monthly payment. Add lines 33a through 33f.		\$3,010.00

Copy total here →

\$3,010.00

Debtor 1 Barry Clifford Alderman Case number (if known) 17-66980
First Name Middle Name Last Name

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☐ No. Go to line 35.
☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
Fay Servicing Llc	903 Whistler Lane	\$ 19,180.34	$\div 60 = \$319.67$
		\$	$\div 60 = \$$
		\$ 0.00	$\div 60 = + \$0.00$
Total			\$319.67
			Copy total here → \$319.67

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☒ No. Go to line 36.
☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. $\$0.00 \div 60 = \0.00

36. Projected monthly Chapter 13 plan payment

\$ 675.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x 6.1%

Average monthly administrative expense

\$41.18 $\div 60 = \$41.18$

Copy total here →

37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$3,370.85

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances..... \$ 4,949.90
 Copy line 32, All of the additional expense deductions..... \$ 878.48
 Copy line 37, All of the deductions for debt payment..... + \$ 3,370.85

Total deductions

\$ 9,199.23

Copy total here →

\$9,199.23

Debtor 1 Barry Clifford Alderman

First Name Middle Name Last Name

Case number (if known) 17-66980

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$8,518.54

40. Fill in any reasonably necessary income you receive for support for dependent children.

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.

\$0.00

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).

\$841.53

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here → \$9,199.23

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances

Amount of expense

43a. \$

43b. \$

43c. + \$

43d. Total. Add lines 43a through 43c. \$0.00 Copy 43d here → + \$0.00

44. Total adjustments. Add lines 40 through 43d. → \$10,040.76 Copy total here → - \$10,040.76

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.

\$-1,522.22

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$

Debtor 1

Barry Clifford Alderman

First Name

Middle Name

Last Name

Case number (if known) 17-66980

Part 4:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X

/s/ Barry Clifford Alderman

Signature of Debtor 1

X

/s/ Kim Rampley Alderman

Signature of Debtor 2

Date 02/16/2018

MM / DD / YYYY

Date 02/16/2018

MM / DD / YYYY

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

IN RE:

BARRY CLIFFORD ALDERMAN, : CHAPTER 13
KIM RAMPLEY ALDERMAN :
Debtors. : CASE NO.: 17-66980-BEM
:

CERTIFICATE OF SERVICE

This is to certify that I have this day served a copy of the within and foregoing Amended Schedules D, I, J, and Forms 122C-1 and C-2 and Amended Summary of Schedules, Amended Statistical Summary and Amended Declaration of Debtor's Schedules in the above styled case by depositing same in the United States mail with the adequate postage affixed thereto to insure delivery addressed as follows:

Mary Ida Townson (served via ECF mail) Chapter 13 Trustee Suite 2200 – 191 Peachtree Street, N.E. Atlanta, GA 30303	Silver Creek Property Owners Association 6185 Crooked Creek Rd Ste. C Norcross, GA 30092
Barry Clifford Alderman Kim Rampley Alderman 903 Whistler Lane Canton, GA 30114	

SEE ATTACHED FOR ADDITIONAL CREDITORS

DATE: February 16, 2018

_____/s/
Howard Slomka
Georgia Bar # 652875
Slipakoff & Slomka, P.C.
Attorney for Debtor
Overlook III
2859 Paces Ferry Rd. SE
Atlanta, GA 30339
Tel: (404)800-4001

Label Matrix for local noticing
113E-1
Case 17-66980-bem
Northern District of Georgia
Atlanta
Fri Feb 16 14:35:28 EST 2018

Barry J. Alderman
903 Whistler Lane
Canton, GA 30114-4275

Kim Rampley Alderman
903 Whistler Lane
Canton, GA 30114-4275

Fay Servicing Llc
939 W North Ave Ste 680
Chicago, IL 60642-1231

(p)GEORGIA DEPARTMENT OF REVENUE
COMPLIANCE DIVISION
ARCS BANKRUPTCY
1800 CENTURY BLVD NE SUITE 9100
ATLANTA GA 30345-3202

Internal Revenue Service
401 West Peachtree Street, NW
Syop 344-D room 400
Atlanta, GA 30308

Bryce R Noel
Aldridge Pite, LLP
3575 Piedmont Road, NE, Suite 500
Fifteen Piedmont Center
Atlanta, GA 30305-1527

PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

Portfolio
120 Corporate Blvd, Ste 1
Norfolk, VA 23502-4952

Portfolio Recovery Ass
120 Corporate Blvd Ste 1
Norfolk, VA 23502-4952

Quintaros, Prieto, Wood & Boyer
255 S Orange Avenue
Orlando, FL 32801-3445

Santander Consumer USA Inc.
P.O. Box 961245
Fort Worth, TX 76161-0244

Santander Consumer Usa
14101 Myford Rd Fl 2
Tustin, CA 92780-7020

Howard P. Slomka
Slipakoff & Slomka, PC
Overlook III - Suite 1700
2859 Paces Ferry Rd, SE
Atlanta, GA 30339-6213

Synchrony Bank
c/o PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

Mary Ida Townson
Chapter 13 Trustee
Suite 2200
191 Peachtree Street, NE
Atlanta, GA 30303-1770

U. S. Attorney
600 Richard B. Russell Bldg.
75 Ted Turner Drive, SW
Atlanta GA 30303-3315

Wilmington Savings Fund Soc. FSB dba Christi
Trust, trustee for BCAT 20015-14BTT
Fay Servicing, LLC
3000 Kellway Drive, Suite 150
Carrollton, TX 75006-3357

Wilmington Savings Fund Society, FSB,
Fay Servicing, LLC
3000 Kellway Drive, Suite 150
Carrollton, TX 75006-3357

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Georgia Department of Revenue
Po Box 740321
Atlanta, GA 30374

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Fay Servicing, LLC

(u)WASHINGTON SAVINGS FUND, INC., FSC

End of Label Matrix	
Mailable recipients	18
Bypassed recipients	2
Total	20